



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) Examiner: I. Mohandes
TADASHI HAYASHI) Group Art Unit: 2834
Application No.: 10/022,338)
Filed: December 20, 2001)
For: CONTROL APPARATUS FOR)
VIBRATION TYPE)
ACTUATOR) March 31, 2004

MAIL STOP AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Official Action dated December 31, 2003, Applicant respectfully requests that the following amendments and remarks be entered and considered in the above-identified application.



Image

AF/2834

In re Application of:

TADASHI HAYASHI

Application No.: 10/022,338

Filed: December 20, 2001

For: CONTROL APPARATUS FOR
VIBRATION TYPE ACTUATOR

Docket No. 03500.016069

Examiner: I. Mohandes

Group Art Unit: 2834

Date: March 31, 2004

MAIL STOP AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17	MINUS	20	0	x \$9 \$18	\$0
INDEP. CLAIMS	6	MINUS	6	0	x \$43 \$86	\$0
Fee for Multiple Dependent claims \$145/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						\$0

^oVerified Statement claiming small entity status is enclosed, if not filed previously.

A check in the amount of \$____ is enclosed.

Charge \$____ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.

A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.

Applicant's undersigned attorney may be reached in our Washington office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

CPW\gmc

DC MAIN 161439v1

Attorney for Applicant

Reg. No. 32,078